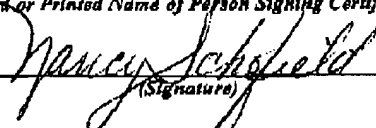
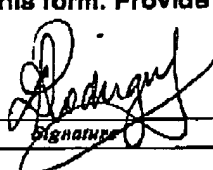


<b>CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)</b> Applicant(s): Choate et al.			Docket No. 130273-10
Application No. 10/510,998	Filing Date October 12, 2004	Examiner Kriellon A. Sanders	Group Art Unit 1714
Invention: <b>FILLER REINFORCED POLYETHER IMIDE RESIN COMPOSITION AND MOLDED ARTICLE THEREOF</b>			
<b>RECEIVED CENTRAL FAX CENTER APR 27 2006</b>			
I hereby certify that this <u>Amendment Transmittal Letter (1pg): Amendment (11pgs)</u> <small>(Identify type of correspondence)</small>			
is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>(571) 273-8300</u> )			
on <u>April 27, 2006</u> <small>(Date)</small>			
 <u>Nancy Schofield</u> <small>(Typed or Printed Name of Person Signing Certificate)</small>  <small>(Signature)</small>			
Note: Each paper must have its own certificate of mailing.			

P18/REV02

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					<b>Docket No.</b> 130273-10	
Applicant(s): Kim Choate et al.						
Application No. 10/510,998	Filing Date October 12, 2004	Examiner Kriellion A. Sanders	Customer No. 23413	Group Art Unit 1714	Confirmation No. 6698	
Invention: <b>FILLER REINFORCED POLYETHER IMIDE RESIN COMPOSITION AND MOLDED ARTICLE THEREOF</b>						
<b>COMMISSIONER FOR PATENTS:</b>						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
<b>CLAIMS AS AMENDED</b>						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	20 -	30 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	3 -	5 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-2341 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>						
 Signature			Dated: April 27, 2006			
David E. Rodriguez Registration No. 50,604 Customer No. 23413 (860) 286-2929			<div style="border: 1px solid black; padding: 5px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</p><p>April 27, 2006 (Date)</p><p style="text-align:center">Signature of Person Mailing Correspondence</p><p style="text-align:center"><b>VIA FACSIMILE</b></p><p style="text-align:center">Typed or Printed Name of Person Mailing Correspondence</p></div>			
cc:						

P11LARGE/REV09

130273-10

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APR 27 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Kim Choate et al. )  
Serial No.: 10/510,998 ) Group Art Unit: 1714  
Filed: October 12, 2004 ) Examiner: Kriellion Antionette Sanders  
For: FILLER REINFORCED POLYETHER IMIDE )  
RESIN COMPOSITION AND MOLDED )  
ARTICLE THEREOF )

VIA FACSIMILE: (571) 273-8300  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

AMENDMENT

Sir:

This Amendment is submitted in response to the Final Office Action dated January 30, 2006. Please amend the Application as follows: